

# *Kneaded Relief, LLC*

## **Prenatal Release Form**



**Please read the list of benefits and possible contraindications on the second page of this form before completing this form.**

I, \_\_\_\_\_, have received and read the written information on Page 2 about the benefits and possible contraindications of massage therapy during pregnancy. I understand the information and confirm that:

- I have not experienced any the complications listed on the Page 2;
- I have not experienced any of the conditions listed, which would make it unwise to have massage therapy;
- I am experiencing a Low-Risk Pregnancy;
- I am receiving medical care including regular check-ups throughout my pregnancy.

My physician and I have identified the following exclusions to the above statements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Do I have permission to contact your doctor, only at times of complications during massage? Yes No

**I understand that I will be receiving massage therapy as a form of adjunctive health care only, and that this therapy is not intended to replace appropriate medical care.**

Having been fully advised of the risks, contraindications, and complications to massage therapy during pregnancy, I have decided to participate in the therapy. Accordingly, I do forever release the practitioners and their insurers from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

I further agree to hold harmless and defend the practitioner of and from all actions, claims, or other legal action that has arisen or may arise directly from my and my child's participation in this therapy.

Pregnancy Due Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Prenatal Release Form**



**Prenatal Massage Therapy Benefits** - There are several observed or identified potential benefits to massage therapy during pregnancy, including:

- Relieves muscular tension, especially in the lower back, upper back, shoulders and neck
- Reduces stress on weight-bearing joints
- Enhances body awareness for better posture and less discomfort
- Assists with body mechanics and movement during structural change
- Supports birth process by relaxing muscles involved in labor and birth
- Eases anxiety and stress during time of transition
- Provides emotional support and nurturance

**Prenatal Massage Therapy Contraindications** – Performing massage therapy during pregnancy is contraindicated for women experiencing any of the following symptoms/signs:

- First Trimester (or under 13 weeks of pregnancy)
- Bloody discharge
- Continual abdominal pains
- Sudden gush or leakage of amniotic fluid
- Sudden, rapid weight gain
- Increased blood pressure
- Protein or sugar in urine
- Severe back pain that does not subside with change in position
- Visual disturbances
- Severe nausea and/or vomiting (cannot keep anything down)
- Severe headaches
- Excessive hunger and thirst
- Increased urination in the second trimester
- Fever
- Diarrhea
- Excessive swelling in arms or legs
- Decrease in fetal movement over a 24-hour period

Additional conditions – phlebitis, thrombosis, or suspected clotting conditions, any kidney, liver or spleen compromise or infection. Local massage on areas with severe varicose veins and swelling are avoided due to clotting risk.

## **Prenatal High-Risk Pregnancies**

It is a strict policy of *Kneaded Relief* to require a **doctor's release form** in order to receive massage therapy during a High-Risk Pregnancy, which includes, but is not limited to:

- Early labor, miscarriage threat, placental or cervical dysfunction
- Gestational Edema Proteinuria Hypertension (GEPH)
- Preeclampsia
- Gestational Diabetes
- Pre-existing cardiac, renal, connective tissue or liver disorders/diseases
- Fetal genetic disorders
- Complications in previous pregnancies
- Three or more miscarriages